

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 112
Registered No. 1

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. Miami - Inspiration Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

2. Full name of child Patricia Louise Kettering

3. Sex of Child female To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth January, 1929
Month Day Year

8. FATHER Full name Charles Bacon Kettering 14. MOTHER Full maiden name Ardeith Josephine Brown

9. Residence (Usual place of abode) Inspiration, Arizona 15. Residence (Usual place of abode) Inspiration, Ariz
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 29 (Years) 16. Color or race white 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Lackport 18. Birthplace (city or place) Hibbing
(State or country) Illinois (State or country) Minnesota

13. Occupation Foreman, tank house, 19. Occupation Housewife
Nature of industry leaching plant, copper mine Nature of industry

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 21. Were precautions taken against ophthalmia neonatorum. yes
(b) Born alive but now dead 0
(c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 1:55 P m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature J. H. Miller (Physician or midwife)
Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year Jan 11, 1929
727-101-125 Registrar. Filed Jan 11, 1929 Registrar.

order of birth stated.